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Don't Go G Brakens Pg. 3 OF G

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

CHRISTOPHER ODOM) Civil Action No.
[Enter the full name of the plaintiff in this action]) (to be designed by Clerk)
V FALL LALL Soft, WF IN BOOKing on	COMPLAINT CO
4-22-2011 M ADDRUX 6:30 p.m.	State Prisoner - 5 CLERK'S CLERK'S
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FAN WAY WE USE COUNT IN FORWARD THE OFE	* rough pro unusur maken
united Next ENULING with a supers	ment (see Tibeo-REcorbin
Enter above the full name of defendant(s) in this action W. P. M. W. C. C. O. H.	of illegal usage of Restraining CHARLARESTRAINTS on Petition
I. PREVIOUS LAWSUITS	CHAIR/RESTRAINTS on Petition on 4-22-2011 UNITIA 384/ Leeps Evenue N. CLOSS S.C. 294
A. Have you begun other lawsuits in state or federal court dealing otherwise related to your imprisonment?	with the same facts involved in this action or YesNo
B. If your answer to A is Yes, describe the lawsuit in the space by additional lawsuits on another piece of paper using the same out	
1. Parties to this previous lawsuit:	
Plaintiff:	
Defendant(s):	
2. Court: (If federal court, name the district; if state	court name the country
N/N	court, name the county)
3. Docket Number:	1/2
4. Name(s) of Judge(s) to whom case was assigned:	//*
5. Disposition: (For example, was the case dismissed? A	Annealed? Pending?)
6. Approximate date of filing lawsuit:	appeared. A criaing.)
7. Approximate date of disposition:	

	ACE OF PRESENT CONFINEMENT
A.	Name of Prison/Jail/Institution CHARLESTON COURTY Defection CONTEX
В.	
	molicions mosecution, crewel & unus rul punis Hmen 7.
C.	(1) Is there a prisoner grievance procedure in this institution? Yes No
	(2) Did you file a grievance concerning the claims you are raising in this matter? YesNo
	When Grievance Number (if available)
D.	Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? YesNo
E.	When was the final agency/departmental/institutional answer or determination received by you?
	If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.
F.	If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes No WOTE: THE DEFENDENTS REFUSE TO RESPOND IN WITHING IVER DAY
G.	If your answer is YES:
	1. What steps did you take?
	h // 🗛
	2. What was the result?
	2. What was the result?
PAF	2. What was the result?
In	RTIES Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs,
In .	RTIES Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any.
In .	Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any. Name of Plaintiff: CMUSTOPHER DOWN
In .	Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any. Name of Plaintiff: CMUSTOPHEN DOWN Address: 1483 Wasovicus Lr. CHBS. 5-C 294/2
In if a	Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any. Name of Plaintiff: CHUSTOPHEN DOWN Address: 483 Webbullu Lr. Cybs. 5-C 294/2 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.
In if a	Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any. Name of Plaintiff: CHUSTOPHEN DOWN Address: 483 Webbullu Lr. Cybs. 5-C 294/2 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.
In if a	Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any. Name of Plaintiff: CMUSTOPHEN DOWN Address: 483 Weboview Lr. Cybs. 5.C 294/2 In Item B below, place the full name of the defendant, his official position, and place of employment in the space
In if a	Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any. Name of Plaintiff: CHUSTOPHEN DOWN Address: 1483 Webouled Liv. Cybs. 5.C 294/2 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any. Name of Defendant: Fry UN WF Sgf. Position: Sf. 29405 Place of Employment: C.C.O.C 3341 Leeos Ave N. Chts., SS. 29405 Additional Defendants (provide the same information for each defendant as listed in Item B above):
In if c	Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any. Name of Plaintiff: CMUSTOPHEN DOWN Address: HB3 WESOVILLE LT. CHOS. 5-C 294/2 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any. Name of Defendant: FM4 LM4 MF Sgf. Position: Sgf. Place of Employment: C.C.D.C 3341 Leeos Ave. N. CMS, 55. 29455 Additional Defendants (provide the same information for each defendant as listed in Item B above): CNU MACK ENGLISHED.
In if c	Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, any. Name of Plaintiff: CMUSTOPHEN DOWN Address: 183 Weboview Lov. Cyps. 5.C. 294/2 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any. Name of Defendant: My WW MF Sgf. Position: Sff. Place of Employment: C.C.O.C. 3841 Leeos Ave. N. CHS, 55. 29405

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Complaint - State Prisoner Revised October 3, 2007

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